

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

ADDRESS (number and street)

**211 S. Fifth Street**☐(Check if address  
is changed)**Columbus****OH****43215**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**tlmgwm@aol.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**6142281093**

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	6

3. FEC IDENTIFICATION NUMBER

**C C00162339**

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Ms. Sara Brown**

Signature of Treasurer

Electronically Filed by **Ms. Sara Brown**

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	0	7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)



Write or Type Committee Name

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mr Glenn W. Matthews**

Mailing Address **Professional Support Group Inc.**

**Route 1 Box 661**

**Sugar Grove** **OH** **43155** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Chief Financial Off** **614** **582** **8998**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Ms. Sara Brown**

Mailing Address **1200 Fernwood**

**Alliance** **OH** **44601** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** **614** **582** **5998**

Telephone number - -

Full Name of Designated Agent

Mailing Address

**CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Fifth Third Bank**

Mailing Address

**21 East State Street**

**Columbus**

**OH**

**43215**

CITY ▲

STATE ▲

ZIP CODE ▲

Image# 27950065362

Form/Schedule: **F1A**

Transaction ID:

Attached is an updated Statement of Organization. We are submitting a new one as we had to start a new FEC file due to computer complications.

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